

# **CERTIFICATE OF EXAMINING PHYSICIAN**


**To Support and Application for  
Involuntary Admission**

Person's Name (Last, First, M.I.)	C Number
Burstein, Miriam	122386
Sex	Date of Birth
Female	3/25/53
Address 80-45 Winchester Blvd., Queens Village, NY 11427	

## **CERTIFICATION**

I, **Cynthia De Los Santos**, hereby certify that:

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person.  
on: **6/03/05** at **Creedmoor Psychiatric Center.**
- I find:
  - this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill (*"in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgement is so impaired that he or she is unable to understand the need for such care and treatment*); and
  - as a result his or her mental illness, this person poses a substantial threat of harm to self or others (*"substantial threat of harm" may encompass (ii) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs*).
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature 	Print Name Signed <b>Cynthia De Los Santos</b>	Title <b>M.D.</b>			
Address 80-45 Winchester Blvd., Queens Village NY 11427	Phone Number 718-264-5046	Date 6/03/05		Time 11:30 A.M.	
		Mo.	Day	Yr.	Hr.

Ms. Miriam Burstein is a 50 year old Jewish single female who presents with a psychiatric history, treated for depression and was non-compliant with treatment. She was transferred to CPC from Riker's Island on a CPL 730.40. She was reportedly in violation of a court order of protection obtained by a radio celebrity. The pt. was charged with harassment in the 2<sup>nd</sup>, 12 counts, and stalking in the 4<sup>th</sup>, 12 counts. On current mental status, she presents as superficially cooperative, with an anxious mood, affect is appropriate to mood, is constricted. Her speech is pressured, over-productive, spontaneous. Thought processes are over-inclusive and circumstantial. She markedly minimizes and denies the charges, more concerned about justifying her behaviors, contradicting what is reported, consistent with delusional thinking. She has no awareness of the consequences of her behavior, showing no insight and impaired judgment. She needs in-patient stabilization as she presents a risk to self and others.

**CPC 05 1211**